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APPLICANTS

Samuel W. Harrison, Shreveport, LA;

Patrick Quick, Stonewall, LA;
R. W. Baucum, Shreveport, LA;

** CONTINUING DATA ***** OK, IT

NONE, T

** FOREIGN APPLICATIONS *****

NONE, T

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 03/22/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials	LA	14	49	2

ADDRESS

Mark Young P.A.
9951 Atlantic Blvd.
Suite 227
Jacksonville, FL
32225

TITLE

Overlay mattress

FILING FEE RECEIVED 673	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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